

# Limited Power of Attorney

## Authorization for Disclosure of Information for Tax Clearance Purposes Only

### PART 1: GENERAL INFORMATION

Name and Address of Person Authorizing Disclosure	Doing Business as
	FEIN
	CID
	Telephone Number

### PART 2: AUTHORIZATION OF INDIVIDUAL(S). Authorization is effective only for the individuals listed below.

Name	
Address	Telephone Number
	Fax Number

Name	
Address	Telephone Number
	Fax Number

Name	
Address	Telephone Number
	Fax Number

### PART 3: AUTHORIZATION DATES. Authorization is effective only for the inclusive dates.

From	To
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### PART 4: AUTHORIZATION

The undersigned authorizes the Michigan Department of Treasury, Tax Clearance Section, to release any and all tax information and outstanding balances due for the purpose of tax clearance. I/We do not authorize any signature power.

Authorized Signature	Date
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